

4636 East Margin Bay S. Suite B140 Seattle, WA 98134 P.O. Box 1730 Seattle, WA 98111 Telephone: (206) 764-3000 Fax Numbers: Executive (206) 764-3054 Sales (206) 764-3014 Credit (206) 764-3013 Warehouse (206) 762-3077 Cement Terminal (206) 764-7176

NW King UST 2211

November 16, 2000

Underground Storage Tank Section Department of Ecology P.O. Box 47655 Olympia, Washington 98504-7655

Subject: Underground Storage Tank Tightness Test

Glacier Northwest, Inc. Seattle Plant 5975 East Marginal Way South

Seattle, Washington UST Site #002211

To Whom It May Concern:

You will find enclosed a copy of the 2000 annual tank tightness test for the underground storage tanks located at the Glacier Northwest, Inc. Seattle Plant, 5975 East Marginal Way South, Seattle, Washington. As you will note from the enclosures, both tanks passed the test.

In March of this year, our tank systems were upgraded to incorporate automatic tank gauging. We are therefore not anticipating performing tank tightness testing of the underground storage tanks at the Seattle Plant in the future.

If you have any questions or require further information, please feel free to call me at (206) 768-7612.

Sincerely,

Thomas G. Hansen

Environmental Manager, Washington Division

Enc.

cc:

Mike Patricelli

Scott Isaacson

Darrell Herman

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NOV 2 8 2000

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Underground Stora Tank

Check those activities which apply:

Tightness Testing Checklist

Retrofit/Repair Checklist

Cathodic Protection Checklist

The attached Underground Storage Tank (UST) checklists are required for each of the listed activities. The checklists certify that Tightness Testing, Retrofit/Repair and/or Cathodic Protection activities are performed and conducted in accordance with Chapter 173.360 WAC. Complete this form and the corresponding UST checklist for each activity checked above.

See back of form for instructions.

UST SYSTEM LOCA UBI Number:	# from Master Business License)	Site ID Number: NW K	from Ecology if tank is Registered)
Site/Business Name:	Glacier N.W.		
Site Address:	5975 E Marginal Street Seattle WA	Way County 98111	DECEIVE
Telephone:	City State 7012	Zip+4 (required)	NOV 2 2 2000
UST Owner/Operator:	Glacier NW Inc.		ECOLOGY
Mailing Address:	P.O.BOV 1730 Siest attle, WA 98111	P.O. Box	ECOLOGY
Telephone:	City State 2010-7108-71012	Zip+4 (required)	
FIRM PERFORMING	WORK		
Service Company:	PACIFIC NORTHERN EN	VIRONMENTAL	
	1081 COLUMBIA BOULEY	/ARD	
Service Co. Address:			
Service Co. Address:	Street LONGVIEW WA		
	Street LONGVIEW WA	A 98632 Zip+4 (required)	
Service Co. Address: Certified Supervisor: _ Address:	Street LONGVIEW WAS GARY WALL, JR. 1081 COLUMBIA BOULEY	Zip+4 (required) VARD	
Certified Supervisor:	Street LONGVIEW WAS GARY WALL, JR. 1081 COLUMBIA BOULEY Street LONGVIEW WAS	Zip+4 (required) VARD P.O. Box 98632	
Certified Supervisor: _ Address: _	Street LONGVIEW WAS GARY WALL, JR. 1081 COLUMBIA BOULEY Street LONGVIEW WA	Zip+4 (required) VARD P.O. Box 98632 Zip+4 (required)	nth/Year): 01/00

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Ecology is an equal opportunity and affirmative action employer.

NOV 2 8 2000
For special accommodation needs, please contact the Underground Storage Tanks Section at (360) 407-7170.



After completing these checklist(s), return to:

Underground Storage Tank Section Department of Ecology P.O. Box 47655 Olympia, WA 98504-7655

Please Read Carefully

Checklist(s) are to be completed by a Certified UST Supervisor and submitted to Ecology within 30 days of the tank work being performed. The Owner/Operator is responsible for ensuring that the work is performed and that the checklist(s) are submitted to Ecology. Mark the appropriate box(es) for Tank Tightness Testing, Retrofitting/Repair, and/or Cathodic Protection. Complete the appropriate checklist for the UST activity performed. On each checklist, complete the Site ID number and/or the UBI number, site address and site city on each page (if copied on a single side). Submit the cover sheet that contains the site and owner information with the checklist. The checklist should show all tank information that was worked on. For more than four UST systems, please photocopy the checklist prior to completing. Be sure that the Owner or the Authorized Representative AND Certified Supervisor sign the appropriate checklist.

Cover Sheet

Site and Owner Information

Fill in the site and owner information. Include the Ecology Site ID number, if known, and/or UBI number (Uniform Business Identification) from the master business license. Also be sure to provide telephone numbers so that any problems can be resolved quickly.

Firm and Certified Supervisor Information

List the firm performing the work as well as the Certified Supervisor's name and Certification Number. Ask to see the Supervisor's Tightness Testing, Retrofitting/Repair and/or Cathodic Protection IFCI Certification and make sure that the Supervisor signs the appropriate checklist for work performed.

Please Note: Individuals performing services MUST be certified by the International Fire Code Institute (IFCI), or other recognized association by which they demonstrate appropriate knowledge pertaining to USTs or have passed another qualifying exam approved by the Department.

Checklists

The Tightness Testing Checklist shall be completed and signed by a Certified Tightness Testing Supervisor. The supervisor shall be on site during all tank tightness testing activities. Up to four tanks per site may be reported on a single checklist; additional tanks will require additional checklists. A Tightness Testing Checklist must be completed for each UST system (tank and associated piping) being tested as well as following most retrofit/repairs.

The tank owner or operator must report a failed tightness test as a suspected release to UST staff at the appropriate Ecology regional office within 24 hours.

The Retrofitting/Repair Checklist shall be completed and signed by a IFCI Certified Installation and Retrofitting Supervisor. The Certified Supervisor shall be on site when all retrofitting/repair activities are being conducted.

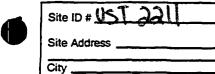
The Cathodic Protection Checklist shall be completed and signed by an IFCI Certified Cathodic Protection Supervisor. The Certified Supervisor shall be on site when all cathodic protection activities are being conducted. Retrofitting and/or repairs to a Cathodic Protection system should be indicated on the Cathodic Protection Checklist.

Northwest (206) 649-7000

Southwest (360) 407-6300

Central (509) 574-2490 Eastem (509) 456-2926





Tightness Testing Checklist

For more than four UST systems, you may photocopy this form prior to completing. Date of Test: I. TIGHTNESS TESTING METHOD Tightness testing method(s) used (indicate if more than one method was used): US Test Test method name/version _ Test method manufacturer Note: A tank must be tested up to the product level limited by the overfill prevention device. If an overfill prevention device is not installed, a tank must be tested up to the 95% full level. When underfill volumetric testing methods are used, the tank must be; 1) filled with product to the 95% full level or 2) the portion of the tank above the product level must be tested using a nonvolumetric method which meets performance standards, for tightness testing. 2. Indicate the method used to determine if groundwater was present above the bottom of the tank during the test (required for single wall tanks): __ 4. Reason for conducting tightness test: 3. Method used for release detection: Required for release detection requirement

Bring temporarily closed tanks back into sec Weekly manual gauging Daily manual inventory control Bring temporarily closed tanks back into service Automatic tank gauging (ATG) Tank or piping repair Interstitial monitoring Other (describe)_ ☐ Other (describe) _ 6. Test method type: 5. Type of test conducted: Tank tightness test only Overfill volumetric Line tightness test only Underfill volumetric Total system test (tank and lines tested together) Nonvolumetric Volumetric II. TEST METHOD CHECKLIST The following items shall be initialed by the Certified Supervisor whose signature appears on this form. 1. Has the tightness testing method used been demonstrated to meet the performance standard specified in the UST rules for the conditions under which the test was conducted? (e.g., detecting a 0.10 gallon per hour leak rate with probability of detection of at least 95% and a probability of false alarm of no more than 5%). 2. Have all written testing procedures developed by the manufacturer of the testing equipment and method been followed while the test was being set up and conducted? 3. Was the product level in the tank during the test within the limitations of the test methods performance standards? 4. If groundwater was present above the bottom of the tank, have the testing procedures accounted for its presence? (required for single wall tanks) 5. If the tightness test is considered a failed test, has the owner/operator been notified of the test results? (Note: Tank owner must report a failed tightness test as a suspected release within 24 hours to UST staff at the appropriate Ecology regional office.)

^{*} Item not applicable

ID#	1,
Site Address	戊
City	

Tightness Testing Checklist (continued)

III. TANK INFORMATION CHECKLIST

	Tank 1	Tank 2	Tank 3	Tank 4
Tank ID # (tank name registered with Ecology)				
2. Date installed				
3. Tank capacity in gallons	IOK	6K		
4. Last substance stored	Diesel	UNID.		
5. Number of tank compartments	!			
Tank type: (S) single wall; (D) double wall; (P) partitioned	5	5		·
7. Is overfill device present? (Yes/No)	3.	3.		
Percentage of product in tank during test? (Volume % must comply with test method certification requirements)	98	98		
The test method used can detect a leak of how many GPH?	±.05	+.05		
10. The numerical tank test results are? (in gallons per hour)	-044	+016		
11. Based on evaluating test results and conducting any retesting as necessary as per test protocol to obtain conclusive test results; the test results are? (Pass/Fail)*	Pass	P955		

IV. Line Information

		Line 1	Line 2	Line 3	Line 4
1. Piping type:	(S) single wall; (D) double wall	5	S		
2. Pump type:	(T) turbine: (S) suction	5	S		
3. (a) If turbine, is line lea (1) If present, was (2) Line leak detec (b) If suction, check va	lead seal intact? (Yes/No N/A)	p	P		
4. The numerical line test	results are? (in gallons per hour)				
5. Line tightness test resu	ts? (Pass/Fail)*				

^{*} Inconclusive test results for tanks or piping will not be considered as a valid tightness test for the purposes of complying with UST release detection regulations.

V. REQUIRED SIGNATURES

I hereby attest, that I have been the Certified Supervisor present during the above listed testing activities, and to the best of my knowledge they have been conducted in compliance with all applicable state and federal laws, regulations and procedures, pertaining to underground storage tanks.

Persons submitting false information	are subject to formal enforcement a	and/or penalties under	Chapter 173.360 WAC
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10/19/00	Lange waln-	GARY WALL JR.
Date	Signature of Certified Supervisor	Printed Name
Maloo	Minna Ridming	THOMAS G. HANSON
Date	Signature of Tank Owner/Authorized Representative	Printed Name





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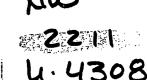
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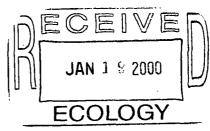
January 11, 2000

Washington Department of Ecology Underground Storage Tank Section P.O. Box 47655 Olympia, WA 98504-7655

Subject: UST Site Registration No. 002211

Fax Numbers: Executive (206) 764-3054 Sales (206) 764-3014 Credit (206) 764-3013 Warehouse (206) 762-3077 Cement Terminal (206) 764-7176





Dear Sir:

This letter is provided to notify you of a corporate name change regarding Lone Star Northwest, Inc., which is registered under Site No. 002211 to operate two underground fuel storage tanks at our ready mix concrete batch plant located at 5975 East Marginal Way South in Seattle, Washington. Effective December 10, 1999, the Washington corporation known as Lone Star Northwest, Inc., became Glacier Northwest, Inc. This is only a change in the corporate name and all other aspects of the corporation remain the same.

As with Lone Star Northwest, Inc., our corporate address is:

Glacier Northwest, Inc. P.O. Box 1730 Seattle, WA 98111

The company point of contact regarding this permit is Ned Pettit who may be contacted at the corporate address listed above, or by telephone at (206) 764-3000, or by e-mail at Npettit@GlacierNW.com. All correspondence and/or materials related to this permit should be directed to this designated point of contact. Please update your records to reflect this name change as well as the other corporate information provided above. Thank you.

Sincerely,

Edward M. Pettit Environmental Manager

cc: Scott Isaacson Darrell Herman This letter has been forwarded to the Department of lizensing to be processed. I called Edward

and let him know he needed to call DOZ to ask for the



4636 East Margin Aay S. Suite B140 Seattle, WA 98134 P.O. Box 1730 Seattle, WA 98111 Telephone: (206) 764-3000

Fax Numbers: Executive (206) 764-3054 Sales (206) 764-3014 Credit (206) 764-3013 Warehouse (206) 762-3077 Cement Terminal (206) 764-7176

February 10, 1999

Underground Storage Tank Section Department of Ecology P.O. Box 47655 Olympia, WA 98504-7655

RE: Tank Tightness Test

Glacier Northwest - 5975 East Marginal Way South, Seattle

UST Site Number 002211

To Whom It May Concern:

Please find enclosed a copy of the 1999 annual tank tightness test for Glacier Northwest's (formerly Lone Star Northwest) Seattle facility. As you will see from the accompanying checklist, both tanks satisfactorily passed the examination. Please call if you have any questions.

Sincerely,

Edward M. Pettit

Environmental Manager

Enclosure

cc:

Mike Patricelli Darrell Herman

Scott Isaacson

FEB 1 8 2000

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Check those activities which apply:

☐ Retrofit/Repair Checklist

2211

Cathodic Protection Checklist

U4308

The attached Underground Storage Tank (UST) checklists are required for each of the listed activities. The checklists certify that Tightness Testing. Retrofit/Repair and/or Cathodic Protection activities are performed and conducted in accordance with Chapter 173.360 WAC. Complete this form and the corresponding UST checklist for each activity checked above.

		ick of form for in	nstructions.	
UST SYSTEM LOCA	TION AND OWNER			
UBI Number: 60	11 301 145 001 000	Site ID	Number: 00 Z 2 / /	
(UBI	# from Master Business Licens	Se)	(Available from Ecology if tank is Registe	rėd)
Site/Business Name:	Lovestar Nu)		
; Site Address:	5975 E Margin	ial wy		
	Street Statte wA	•	County, 98111	
Telephone:	City State (204) 764-3000)	Zip+4 (required)	
UST Owner/Operator:			DECEIVER	
Mailing Address:				
. .	Street		P.O. PD FEB . 5 2000	
•	City State		Zip+4 (required)	
Telephone:			ECOLOGY	
	WORK			
Service Company:	PACIFIC NORTH	RN ENVIRONM	ENTAL	
Service Co. Address:	1081 ÇOLUMBIA	BOULEVARD		
Service Co. Address.	Street LONGVIEW	WA	98632	
	City State		Zip+4 (required)	
; Certified Supervisor: _	GARY WALL, .	IR.		
Address:	1081 COLUMBIA	BOULEVARD		
, ida (da).	Street LONGVIEW	WA	P.O. Box 98632	
-	City State		Zip+4 (required)	
FIC Certification Numi	ber:1059213=27	Certific	ation Issue Date (Month/Year):11/97	
	10100 100 0015			
Telepho	one:			

Ecology is an equal opportunity and affirmative action employer.

For special accommodation needs, please contact the Underground Storage Tanks Section at (360) 407 7170.



Underground Storage Tank

Tightness Testing Checklist

Site ID #	
Site Address	_
City	=

For more than four UST systems, you may photocopy this for	nn prior to co	mpleting	g.	
I. TIGHTNESS TESTING METHOD Da	ite of Test:	9-2	3.99	
Tightness testing method(s) used (indicate it more than one method was use Test method name/version USTES+ Test method manufacturer				
Note: A tank must be tested up to the product level limited by the overfill prevent not installed, a tank must be tested up to the 95% full level. When underfirmust be; 1) filled with product to the 95% full level or 2) the portion of the using a nonvolumente method which meets performance standards, for tig	ill volumenic t ie tank above t	esting me he produ	thods an	used, the rank
2. Indicate the method used to determine if groundwater was present above the for single wall tanks):		tank du	uring the	test (required
3. Method used for release detection: Weekly manual gauging Daity manual inventory control Automatic tank gauging (ATG) Interstitial monitoring Other (describe)	release detectarily closed to g repair	anks bac	k into s	ervice
5. Type of test conducted: Tank tightness test only Line tightness test only Total system test (tank and lines tested together) 6. Test method type Coverfill volument of the conducted: Volumetric	netric .metric			
II. TEST METHOD CHECKLIST The following items shall be initialed by the Certified Supervisor whose signature	e addears on	this form	1.	
1. Has the tightness testing method used been demonstrated to meet the performa standard specified in the UST rules for the conditions under which the test was conducted? (e.g., detecting a 0.10 gallon per hour leak rate with probability of detection of at least 95% and a probability of false alarm of no more than 5%)	unce s	Yes W	No	NA*
2. Have all printer testing procedures developed by the manufacturer of the testing equipment and method been followed while the test was being set up and cond		₽		
3. Was the product level in the tank during the test within the limitations of the temethods performance standards?	:st			
4. If groundwater was present above the bottom of the tank, have the testing procaccounted for its presence? (required for single wall tanks)	edures			Zew
5. If the tightness test is considered a failed test, has the owner/operator been not the test results? (Note: Tank owner must report a failed tightness test as a sus release within 24 hours to UST staff at the appropriate Ecology regional office	pected			

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503 684	7894	P.10
	Site Address	
	Cay	

Tightness Testing Checklist (continued)

III. TANK | RMATION CHECKLIST

	Tank 1	Tank 2	Tenk 3	Tank 4
Tank ID # (tank name registered with Ecology)	1	2		
2_ Date installed	unk	unk.		
3. Tank capacity in gallons	IOK	6K		
Last substance stored	Diesel	שומט		
5. Number of tank compartments		1		
Tank type: (S) single wall; (D) double wall; (P) partitioned	5	5		
7. Is overfill device present? (Yes/No)	No	NO		
Percentage of product in tank during test? (Volume % must comply with test method certification requirements)	70	75		
The test method used can detect a leak of how many GPH?	1.05	±.05		
10. The numerical tank test results are? (in gallons per hour)	+,0347	03490		
11. Based on evaluating test results and conducting any retesting as necessary as per test protocol to obtain conclusive test results; the test results are? (Pass/Fail)*	Pass	P 455		

IV. Line Intc...ation

建筑工作 及各种的		Line 1	Line 2	Line 3	Line 4
1. Piping type:	(S) single wall: (D) double w	all 5	5		
2. Pump type:	(T) turbine: (S) suction	on 5	5		
(1) If present, v (2) Line leak de	leak detector present? (Yes/No Nas lead seal intact? (Yes/No Natector results? (Pass/Fask (P) put	I/Á) ail)			
4. The numerical line t	est results are? (in gallons per hour)			
5. Line tightness test n	esults? (Pass/Fa	in"]		

Inconclusive test results for tanks or piping will not be considered as a valid tightness test for the purposes of complying with UST release detection regulations.

V. REQUIRED SIGNATURES

I hereby attest, that I have been the Certified Supervisor present during the above listed testing activities, and to the best of my knowledge they have been conducted in compliance with all applicable state and federal laws, regulations and procedures, pertaining to underground storage tanks.

Persons submitting false information are subject to formal enforcement and/or penalties under Chapter 173.360 WAC.

9-23-99	wall	Gary Lwai sr
Date	Signature of Certified Supervisor	Printed Name
2-10-2000	Awalm. Titis	Edward Pettit
Date	Signature of Tank Owner/Authorized Representative	Printed Name



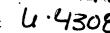
Cathodic Protection System Record

Location _			
Client	Longstop	NW	Installation Date

1		Rect	ller	Reference Cell Readings				Reference Cell Readings		Refer		
Date	Initiale	Volte	Amps	Tenk#1	Tank #2	Tank #3	Tank #4	Tank #5				
	; '			D=3=1	GAS							
124/99	4B	X	X	7,958	-1.02							
' /			7	910	956	<- 19	96 REACL	~ 7				
						W126 7	aund in	Box				
						For h	ture A-to	MH-FIC				
 -		Pace	-9 Scon	7		GAVG	c rus					
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						IFCI#	32-05-	32004542				
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						UNIVERS	32-US- BEENNA al Applu	atousI				
						235754	50/th	Are				
						Portle	I OR	97215				
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:⊠nderground Sto<u>ra</u>ge Tank



The attached Underground Storage Tark (UST) checklists are required for each of the listed activities. The checklists certify that Tightness Testing, Retrofit/Repair and/or Cathodic Protection activities are performed and conducted in accordance with Chapter 173.360 WAC. Complete this form and the corresponding UST checklist for each activity checked above.

	See back of form for instructions.							
I. UST SYSTEM LOCAT	TION AND OWNER	***************************************		_				
UBI Number:	# from Master Business L	Site I	D Number:	e from Ecology if tank is Registered)				
\	Love Stor	•		•				
Site Address:	5975 E M	_						
	Street Slattle LA City State	<u>'</u>	County 724 981 Zip+4 (required)	<u>''//</u>				
Telephone:								
UST Owner/Operator:	Same			· · · · · · · · · · · · · · · · · · ·				
Mailing Address:	Street	·	P.O. Box	DECEIVER				
- Telephone:	City State		Zip+4 (required)	OCT 0 4 1999				
•			·					
. FIRM PERFORMING	WORK			ECOLOGY				
Service Company:	PACIFIC NOR	THERN ENVIRON	ŒNTAL					
Service Co. Address:		SIA BOULEVARD						
	Street LONGVIEW	WA	98632					
	City State		Zip+4 (required)					
Certified Supervisor:	GARY WAL	L, JR.						
Address:		IA BOULEVARD	7.0.					
_	Street LONGVIEW	WA	P.O. Box 98632					
	City State	•	Zip+4 (required)					
IFIC Certification Numb	oer: 1059213-	27 Certific	ation Issue Date (Mo	onth/Year):11/97				
Telepho	one: (360) 423-2	245						

Ecology is an equal opportunity and affirmative action employer. For special accommodation needs, please contact the Underground Storage Tanks Section at (360) 407-7170. After completing these checklist(s), return to:

Underground Storage Tank Section Department of Ecology P.O. Box 47655 Olympia, WA 98504-7655

Please Read Carefully

Checklist(s) are to be completed by a Certified UST Supervisor and submitted to Ecology within 30 days of the tank work being performed. The Owner/Operator is responsible for ensuring that the work is performed and that the checklist(s) are submitted to Ecology. Mark the appropriate box(es) for Tank Tightness Testing, Retrofitting/Repair, and/or Cathodic Protection. Complete the appropriate checklist for the UST activity performed. On each checklist, complete the Site ID number and/or the UBI number, site address and site city on each page (if copied on a single side). Submit the cover sheet that contains the site and owner information with the checklist. The checklist should show all tank information that was worked on. For more than four UST systems, please photocopy the checklist prior to completing. Be sure that the Owner or the Authorized Representative AND Certified Supervisor sign the appropriate checklist.

Cover Sheet

Site and Owner Information

Fill in the site and owner information. Include the Ecology Site ID number, if known, and/or UBI number (Uniform Business Identification) from the master business license. Also be sure to provide telephone numbers so that any problems can be resolved quickly.

Firm and Certified Supervisor Information

List the firm performing the work as well as the Certified Supervisor's name and Certification Number. Ask to see the Supervisor's Tightness Testing, Retrofitting/Repair and/or Cathodic Protection IFCI Certification and make sure that the Supervisor signs the appropriate checklist for work performed.

Please Note: Individuals performing services MUST be certified by the International Fire Code Institute (IFCI), or other recognized association by which they demonstrate appropriate knowledge pertaining to USTs or have passed another qualifying exam approved by the Department.

Checklists

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The tank owner or operator must report a failed tightness test as a suspected release to UST staff at the appropriate Ecology regional office within 24 hours.

The Retrofitting/Repair Checklist shall be completed and signed by a IFCI Certified Installation and Retrofitting Supervisor. The Certified Supervisor shall be on site when all retrofitting/repair activities are being conducted.

The Cathodic Protection Checklist shall be completed and signed by an IFCI Certified Cathodic Protection Supervisor. The Certified Supervisor shall be on site when all cathodic protection activities are being conducted. Retrofitting and/or repairs to a Cathodic Protection system should be indicated on the Cathodic Protection Checklist.

Northwest (206) 649-7000

Southwest (360) 407-6300

Central (509) 574-2490

Eastern (509) 456-2926



Tightness Testing Checklist

Site ID #	
Site Address _	· · · · · · · · · · · · · · · · · · ·
City	

For more than four UST systems, you may photocopy t	this form prior to co	ompletin	g.	
I. TIGHTNESS TESTING METHOD	Date of Test:_	9-2	3-99	,
Tightness testing method(s) used (indicate if more than one method with the control of the				
Note: A tank must be tested up to the product level limited by the overfill not installed, a tank must be tested up to the 95% full level. When must be; 1) filled with product to the 95% full level or 2) the portiousing a nonvolumetric method which meets performance standards,	underfill volumetric on of the tank above	testing me the produc	thods an	e used, the
2. Indicate the method used to determine if groundwater was present abortor single wall tanks):	ve the bottom of th		ring the	test (requ
 ☐ Weekly manual gauging ☐ Daily manual inventory control ☐ Automatic tank gauging (ATG) ☐ Tank o 	r conducting tightnered for release dete emporarily closed to or piping repair (describe)	ction req anks bac		
	Il volumetric fill volumetric olumetric			
II. TEST METHOD CHECKLIST			······································	· · · · · · · · · · · · · · · · · · ·
The following items shall be initialed by the Certified Supervisor whose sign	gnature appears on	this form	1.	
1. Has the tightness testing method used been demonstrated to meet the per standard specified in the UST rules for the conditions under which the te conducted? (e.g., detecting a 0.10 gallon per hour leak rate with probab detection of at least 95% and a probability of false alarm of no more than	est was oility of	Yes W	No	NA*
2. Have all written testing procedures developed by the manufacturer of the equipment and method been followed while the test was being set up and		<u>~</u>		
3. Was the product level in the tank during the test within the limitations of methods performance standards?	f the test	W		
4. If groundwater was present above the bottom of the tank, have the testing accounted for its presence? (required for single wall tanks)	g procedures			Ten .
5. If the tightness test is considered a failed test, has the owner/operator be the test results? (Note: Tank owner must report a failed tightness test as release within 24 hours to UST staff at the appropriate Ecology regional	s a suspected			

^{*} Item not applicable

ــــــــــــــــــــــــــــــــــــــ	 	÷
Site Address	 	_
City		_
	 	_

Tightness Testing Checklist (continued)

III. TANK INFORMATION CHECKLIST

	Tank 1	Tank 2	Tank 3	Tank 4
Tank ID # (tank name registered with Ecology)				
2. Date installed				
3. Tank capacity in gallons	IOK	6K	,	
Last substance stored	Diesel	DINU		
5. Number of tank compartments	1	t		
6. Tank type: (S) single wall; (D) double wall; (P) partitioned	5	S		
7. Is overfill device present? (Yes/No)	No	NO		
Percemage of product in tank during test? (Volume % must comply with test method certification requirements)	70	75		·
The test method used can detect a leak of how many GPH?	±.05	±.05	,	
10. The numerical tank test results are? (in gallons per hour)	+.039733	+03V190.		
11. Based on evaluating test results and conducting any retesting as necessary as per test protocol to obtain conclusive test results; the test results are? (Pass/Fail)*	Pass	Pas 5		

IV. Line Information

			Line 1	Line 2	Line 3	Line 4
1. Piping type:	(S) single wall: (D)	double wall	5	S		
2. Pump type:	(T) turbine;	(S) suction	_ 5	5 .		
(2) Line leak det	is lead seal intact? ((Yes/No) Yes/No N/A) (Pass/Fail) k (P) pump				
4. The numerical line tes	st results are? (in gallons	per hour)				
5. Line tightness test res	sults?	(Pass/Fail)*				

^{*} Inconclusive test results for tanks or piping will not be considered as a valid tightness test for the purposes of complying with UST release detection regulations.

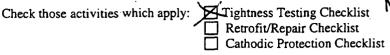
V. REQUIRED SIGNATURES

I hereby attest, that I have been the Certified Supervisor present during the above listed testing activities, and to the best of my knowledge they have been conducted in compliance with all applicable state and federal laws, regulations and procedures, pertaining to underground storage tanks.

Persons submitting fa	lse information are subject to formal enforcement	t and/or penalties under Chapter 173.360 WAC.
9-23-99	Wall	Gary Lwail Sr
Date	Signature of Certified Supervisor	Printed Name
Date	Signature of Tank Owner/Authorized Representative	Printed Name



Underground Storag



NW

The attached Underground Storage Tank (UST) checklists are required for each of the listed activities. The checklists certify that Tightness Testing, Retrofit/Repair and/or Cathodic Protection activities are performed and conducted in accordance with Chapter 173.360 WAC. Complete this form and the corresponding UST checklist for each activity checked above.

See back of form for instructions.

1. UST SYSTEM LOCATION AND OWNER 145 001 0001 UBI Number: _ Site ID Number: (Available from Ecology if tank is Registered) Site/Business Name: RECEIVED Site Address: FFB 0 8 1999 Telephone: UST Owner/Operator: DEPT OF ECOLOGY Mailing Address: Telephone: 2. FIRM PERFORMING WORK PACIFIC NORTHERN ENVIRONMENTAL Service Company: 1081 COLUMBIA BLVD. Service Co. Address: Street LONGVIEW WA 98632 City State Zip+4 (required) Certified Supervisor: Address: Street P.O. Box LONGVIEW 98632 City Zip+4 (required) Certification Issue Date (Month/Year): 11-15-97 IFIC Certification Number: 1059213

> Ecology is an equal opportunity and affirmative action employer. For special accommodation needs, please contact the Underground Storage Tanks Section at (360) 407-7170.

Telephone: (360) 423-2245

After completing these checklist(s), return to:

Underground Storage Tank Section Department of Ecology P.O. Box 47655 Olympia, WA 98504-7655

Please Read Carefully

Checklist(s) are to be completed by a Certified UST Supervisor and submitted to Ecology within 30 days of the tank work being performed. The Owner/Operator is responsible for ensuring that the work is performed and that the checklist(s) are submitted to Ecology. Mark the appropriate box(es) for Tank Tightness Testing, Retrofitting/Repair, and/or Cathodic Protection. Complete the appropriate checklist for the UST activity performed. On each checklist, complete the Site ID number and/or the UBI number, site address and site city on each page (if copied on a single side). Submit the cover sheet that contains the site and owner information with the checklist. The checklist should show all tank information that was worked on. For more than four UST systems, please photocopy the checklist prior to completing. Be sure that the Owner or the Authorized Representative AND Certified Supervisor sign the appropriate checklist.

Cover Sheet

Site and Owner Information

Fill in the site and owner information. Include the Ecology Site ID number, if known, and/or UBI number (Uniform Business Identification) from the master business license. Also be sure to provide telephone numbers so that any problems can be resolved quickly.

Firm and Certified Supervisor Information

List the firm performing the work as well as the Certified Supervisor's name and Certification Number. Ask to see the Supervisor's Tightness Testing, Retrofitting/Repair and/or Cathodic Protection IFCI Certification and make sure that the Supervisor signs the appropriate checklist for work performed.

Please Note: Individuals performing services MUST be certified by the International Fire Code Institute (IFCI), or other recognized association by which they demonstrate appropriate knowledge pertaining to USTs or have passed another qualifying exam approved by the Department.

Checklists

The Tightness Testing Checklist shall be completed and signed by a Certified Tightness Testing Supervisor. The supervisor shall be on site during all tank tightness testing activities. Up to four tanks per site may be reported on a single checklist; additional tanks will require additional checklists. A Tightness Testing Checklist must be completed for each UST system (tank and associated piping) being tested as well as following most retrofit/repairs.

The tank owner or operator must report a failed tightness test as a suspected release to UST staff at the appropriate Ecology regional office within 24 hours.

The Retrofitting/Repair Checklist shall be completed and signed by a IFCI Certified Installation and Retrofitting Supervisor. The Certified Supervisor shall be on site when all retrofitting/repair activities are being conducted.

The Cathodic Protection Checklist shall be completed and signed by an IFCI Certified Cathodic Protection Supervisor. The Certified Supervisor shall be on site when all cathodic protection activities are being conducted. Retrofitting and/or repairs to a Cathodic Protection system should be indicated on the Cathodic Protection Checklist.

Northwest (206) 649-7000

Southwest (360) 407-6300

Central (509) 574-2490

Eastern (509) 456-2926

Underground Storage Tank

Tightness Testing Checklist

e ID #	 	_
Site Address	 	_
City	 	

For more than four UST systems,	you may photocopy this form prior to co	ompletin	g.	
I. TIGHTNESS TESTING METHOD	Date of Test:_	9-	17-9	8
Tightness testing method(s) used (indicate if more Test method name/version Test method manufacturer USTEST	s t			
Note: A tank must be tested up to the product level not installed, a tank must be tested up to the must be; 1) filled with product to the 95% fi using a nonvolumetric method which meets. 2. Indicate the method used to determine if groundwa for single wall tanks):	limited by the overfill prevention device. I 95% full level. When underfill volumetric full level or 2) the portion of the tank above performance standards, for tightness testing fater was present above the bottom of the	f an overfitesting mother produces	ethods are the level reconstruction the	re used, the ta must be tested test (requir
3. Method used for release detection: Weekly manual gauging Daily manual inventory control Automatic tank gauging (ATG) Interstitial monitoring Other (describe)	4. Reason for conducting tightne Required for release dete Bring temporarily closed t Tank or piping repair Other (describe)	ction req anks bac	k into s	ervice
5. Type of test conducted: Tank tightness test only Line tightness test only Total system test (tank and lines tested togethe	6. Test method type: Overfill volumetric Underfill volumetric Nonvolumetric Volumetric			
I. TEST METHOD CHECKLIST				
The following items shall be initialed by the Certified	Supervisor whose signature appears on			•••
! Has the tightness testing method used been demonst standard specified in the UST rules for the condition conducted? (e.g., detecting a 0.10 gallon per hour light detection of at least 95% and a probability of false a	ns under which the test was leak rate with probability of	Yes	No	NA*
2. Have all written testing procedures developed by the equipment and method been followed while the test		المسكا		
3. Was the product level in the tank during the test with methods performance standards?	hin the limitations of the test			
If groundwater was present above the bottom of the accounted for its presence? (required for single wall)				
5. If the tightness test is considered a failed test, has the test results? (Note: Tank owner must report a far release within 24 hours to UST staff at the appropria	ailed tightness test as a suspected			der .

^{*} Item not applicable

te ID #	
Site Address _	·
City	

Tightness Testing Checklist (continued)

III. TANK INFORMATION CHECKLIST

		Tank 1	Tank 2	Tank 3	Tank 4	7
1	. Tank ID # (tank name registered with Ecology)	1	2			7
_2	. Date installed	unk.	unk.			
3.	. Tank capacity in gallons	10000	6000]
4.	Last substance stored	Diesei	UNI			
5.	Number of tank compartments		t			
6.	Tank type: (S) single wall; (D) double wall; (P) partitioned	5	5			
7.	Is overfill device present? (Yes/No)	NO	NO	No Glarm	1	At no in
8.	Percentage of product in tank during test? (Volume % must comply with test method certification requirements)	51%	70%		but som a Bail Float	bos [†] S
9.	The test method used can detect a leak of how many GPH?	1.05				
10.	The numerical tank test results are? (in gallons per hour)	7.025	T,019			
11.	Based on evaluating test results and conducting any retesting as necessary as per test protocol to obtain conclusive test results: the test results are? (Pass/Fail)*	PASS	PASS			

IV. Line Information

		Line 1	Line 2	Line 3	Line 4
1. Piping type:	(S) single wall: (D) double wall	5	5		
2. Pump type:	(T) turbine: (S) suction	5	2		
(1) If prese (2) Line le	s line leak detector present? (Yes/No) ent, was lead seal intact? (Yes/No N/A) ak detector results? (Pass/Fail) check valve located at? (T) tank (P) pump	<u> </u>	=		
4. The numerical l	line test results are? (in gallons per hour)	1025134	1-,019904		
5. Line tightness t	est results? (Pass/Fail)*	Pass	Pass		

^{*} Inconclusive test results for tanks or piping will not be considered as a valid tightness test for the purposes of complying with UST release detection regulations.

V. REQUIRED SIGNATURES

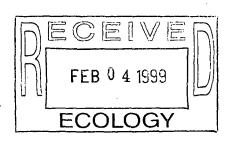
I hereby attest, that I have been the Certified Supervisor present during the above listed testing activities, and to the best of my knowledge they have been conducted in compliance with all applicable state and federal laws, regulations and procedures, pertaining to underground storage tanks.

Persons submitting	C. 1			A 1/ 1-!		172 260 33740
Persons submitting	raise information	are subject to i	ormai entorcemen	t and/or penaities	under Chapter	1/3.30U WAL.

9-17-97	Jan Lwilly	GARY WALL	
Date	Signature of Certified Supervisor	Printed Name	
2-2-99	Elwal m. lottit	Edward Pettit	
Date	Signature of Tank Owner/Authorized Representative	Printed Name	

February 2, 1999

Underground Storage Tank Section Department of Ecology P.O. Box 47655 Olympia, WA 98504-7655



RE:

Tank Tightness Test

Lone Star Northwest - 5975 East Marginal Way South, Seattle

UST Site Number 002211

To Whom It May Concern:

Please find enclosed a copy of the 1998 annual tank tightness test for Lone Star's Seattle facility. As you will see from the accompanying checklist, both tanks satisfactorily passed the examination. Please call if you have any questions.

Sincerely,

Edward M. Pettit

Environmental Manager

Enclosure

cc:

Mike Patricelli

Darrell Herman Shawn Lilley



Underground Stora

RECEI The kill ose activities which apply:

X Tightness Testing Checklist Retrofit/Repair Checklist ☐ Cathodic Protection Checklist

APR 0 8 1998

The attached Underground The Listed activities. The checklists certify that Tightness Testing, Retrofit/Repair and/or Cathodic Protection activities are performed and conducted in accordance with Chapter 173.360 WAC. Complete this form and the corresponding UST checklist for each activity checked above.

See back of form for instructions.						
. UST SYSTEM LOCAT	ION AND OWNER					
UBI Number: (UBI	ol 301 145 001 0001 Site ID Number: 002211 from Master Business License) (Available from Ecology if tank is Registered)					
Site/Business Name:	LONE STAR					
Site Address:	5975 E. MARGINAL WAY DECEIVE SEATTLE WA 98911					
Telephone:	City State Zip+4 (required) FEB 1 7 1998					
UST Owner/Operator:	LONE STAR NW INC. ECOLOGY					
Mailing Address:	P.O. BOX 1730 Street SEATTLE UM 98111 P.O. Box City State Zip+4 (required)					
Telephone:						
. FIRM PERFORMING \	/ORK					
Service Company:	PACIFIC NORTHERN ENVIRONMENTAL					
Service Co. Address:	1081 COLUMBIA BLVD.					
Certified Supervisor: _	City State Zip+4 (required) BRET HACTDAM					
Address:	1081 COLUMBIA BLVD. Street P.O. Box LONGVIEW, WA 98632					
_	City State Zip+4 (required)					
	er: <u>0873732-27</u> Certification Issue Date (Month/Year): <u>111197</u>					
Telepho	ne: (3(co) 423-2245					

Ecology is an equal opportunity and affirmative action employer. For special accommodation needs, please contact the Underground Storage Tanks Section at (360) 407-7170.



After completing these checklist(s), return to:

Underground Storage Tank Section Department of Ecology P.O. Box 47655 Olympia, WA 98504-7655

Please Read Carefully

Checklist(s) are to be completed by a Certified UST Supervisor and submitted to Ecology within 30 days of the tank work being performed. The Owner/Operator is responsible for ensuring that the work is performed and that the checklist(s) are submitted to Ecology. Mark the appropriate box(es) for Tank Tightness Testing, Retrofitting/Repair, and/or Cathodic Protection. Complete the appropriate checklist for the UST activity performed. On each checklist, complete the Site ID number and/or the UBI number, site address and site city on each page (if copied on a single side). Submit the cover sheet that contains the site and owner information with the checklist. The checklist should show all tank information that was worked on. For more than four UST systems, please photocopy the checklist prior to completing. Be sure that the Owner or the Authorized Representative AND Certified Supervisor sign the appropriate checklist.

Cover Sheet

Site and Owner Information

Fill in the site and owner information. Include the Ecology Site ID number, if known, and/or UBI number (Uniform Business Identification) from the master business license. Also be sure to provide telephone numbers so that any problems can be resolved quickly.

Firm and Certified Supervisor Information

List the firm performing the work as well as the Certified Supervisor's name and Certification Number. Ask to see the Supervisor's Tightness Testing, Retrofitting/Repair and/or Cathodic Protection IFCI Certification and make sure that the Supervisor signs the appropriate checklist for work performed.

Please Note: Individuals performing services MUST be certified by the International Fire Code Institute (IFCI), or other recognized association by which they demonstrate appropriate knowledge pertaining to USTs or have passed another qualifying exam approved by the Department.

Checklists

The Tightness Testing Checklist shall be completed and signed by a Certified Tightness Testing Supervisor. The supervisor shall be on site during all tank tightness testing activities. Up to four tanks per site may be reported on a single checklist; additional tanks will require additional checklists. A Tightness Testing Checklist must be completed for each UST system (tank and associated piping) being tested as well as following most retrofit/repairs.

The tank owner or operator must report a failed tightness test as a suspected release to UST staff at the appropriate Ecology regional office within 24 hours.

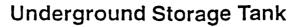
The Retrofitting/Repair Checklist shall be completed and signed by a IFCI Certified Installation and Retrofitting Supervisor. The Certified Supervisor shall be on site when all retrofitting/repair activities are being conducted.

The Cathodic Protection Checklist shall be completed and signed by an IFCI Certified Cathodic Protection Supervisor. The Certified Supervisor shall be on site when all cathodic protection activities are being conducted. Retrofitting and/or repairs to a Cathodic Protection system should be indicated on the Cathodic Protection Checklist.

Northwest (206) 649-7000

Southwest (360) 407-6300

Central (509) 574-2490 Eastern (509) 456-2926



Tightness Testing Checklist

Site ID #	
Site Address	
City	_

For more than four UST systems, you may photocopy this form prior to completing. Date of Test: I. TIGHTNESS TESTING METHOD 1. Tightness testing method(s) used (indicate if more than one method was used): TRACER TIGHT Test method name/version Test method manufacturer Note: A tank must be tested up to the product level limited by the overfill prevention device. If an overfill prevention device is not installed, a tank must be tested up to the 95% full level. When underfill volumetric testing methods are used, the tank must be; 1) filled with product to the 95% full level or 2) the portion of the tank above the product level must be tested using a nonvolumetric method which meets performance standards, for tightness testing, 2. Indicate the method used to determine if groundwater was present above the bottom of the tank during the test (required for single wall tanks): _ PROBE VARIABLE 4. Reason for conducting tightness test: 3. Method used for release detection: Required for release detection requirement ☐ Weekly manual gauging Daily manual inventory control Bring temporarily closed tanks back into service Tank or piping repair Automatic tank gauging (ATG) Other (describe)__ Interstitial monitoring Other (describe) 6. Test method type: 5. Type of test conducted: Overfill volumetric Tank tightness test only Line tightness test only ☐ Underfill volumetric Total system test (tank and lines tested together) ✓ Nonvolumetric ☐ Volumetric II. TEST METHOD CHECKLIST The following items shall be initialed by the Certified Supervisor whose signature appears on this form. 1. Has the tightness testing method used been demonstrated to meet the performance standard specified in the UST rules for the conditions under which the test was conducted? (e.g., detecting a 0.10 gallon per hour leak rate with probability of detection of at least 95% and a probability of false alarm of no more than 5%). 2. Have all written testing procedures developed by the manufacturer of the testing equipment and method been followed while the test was being set up and conducted? 3. Was the product level in the tank during the test within the limitations of the test methods performance standards? 4. If groundwater was present above the bottom of the tank, have the testing procedures accounted for its presence? (required for single wall tanks) 5. If the tightness test is considered a failed test, has the owner/operator been notified of the test results? (Note: Tank owner must report a failed tightness test as a suspected release within 24 hours to UST staff at the appropriate Ecology regional office.)

* Item not applicable

Site ID #	 -
Site Address	
City	

Tightness Testing Checklist (continued)

III. TANK INFORMATION CHECKLIST

	Tank 1	Tank 2	Tank 3	Tank 4
Tank ID # (tank name registered with Ecology)	1	Z		
2. Date installed	unk.	unk.		
3. Tank capacity in gallons	101	6K		
4. Last substance stored	DIF	UL		
5. Number of tank compartments				
Tank type: (S) single wall; (D) double wall; (P) partitioned	5.		•	
7. Is overfill device present? (Yes/No)	·			
Percentage of product in tank during test? (Volume % must comply with test method certification requirements)	NIA	N/A	N/A	HA
The test method used can detect a leak of how many GPH?	.05	:05	,05	, c5
10. The numerical tank test results are? (in gallons per hour)	mg/L	M19/L	mg/L	mg/L
 Based on evaluating test results and conducting any retesting as necessary as per test protocol to obtain conclusive test results: the test results are? (Pass/Fail)* 	Pass-			

IV. Line Information

		Line 1	Line 2	Line 3	Line 4
1. Piping type:	(S) single wall: (D) double wall	5			
2. Pump type:	(T) turbine: (S) suction	_ 1 -			
(2) Line leak det	s lead seal intact? (Yes/No N/A)				
4. The numerical line tes	t results are? (in gallons per hour)	mg/c -			
5. Line tightness test res	ults? · (Pass/Fail)*	PASS-	<u> </u>		

^{*} Inconclusive test results for tanks or piping will not be considered as a valid tightness test for the purposes of complying with UST release detection regulations.

V. REQUIRED SIGNATURES

I hereby attest, that I have been the Certified Supervisor present during the above listed testing activities, and to the best of my knowledge they have been conducted in compliance with all applicable state and federal laws, regulations and procedures, pertaining to underground storage tanks.

Persons submitting fa	lse information are subject to formal enforcement	and/or penalties under Chapter 173.360 WAC.
1/15/98	But Hagdall	BRET HAGDALL
Date	Signature of Certified Supervisor	Printed Name
2-12-98	Ehnalm feth	Edward Pettit
Date	Signature of Tank Owner/Authorized Representative	Printed Name



February 12, 1998

Underground Storage Tank Section Department of Ecology P.O. Box 47655 Olympia, WA 98504-7655

RE: Tank Tightness Test

Lone Star Northwest - 5975 East Marginal Way South, Seattle

UST Site Number 002211

To Whom It May Concern:

Please find enclosed a copy of the 1997 annual tank tightness test for Lone Star's Seattle facility. As you will see from the accompanying checklist, both tanks satisfactorily passed the examination. Please call if you have any questions.

Sincerely,

Edward M. Pettit

Environmental Manager

Edward M. Posit

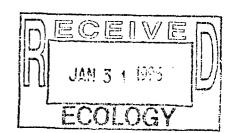
Enclosure

c: Shawn Lilley

PECEIVED

FEB 1 5 1996

DEFT. OF ECOLOGY



January 29, 1996

Underground Storage Tank Section Department of Ecology Mail Stop PV-11 Olympia, WA 98504-8711

RE: 1995 UST Tightness Tests

To Whom It May Concern:

Please find enclosed the completed and signed Tightness Testing Checklist for three underground storage tanks owned and operated by Lone Star Northwest (UBI 601 301 145 001). Lone Star has two USTs at its East Marginal Way facility in Seattle and one UST at its Ross Avenue facility in Marysville. All three USTs passed the tightness test. Thank you for adding these results to Lone Star's UST files.

Sincerely,

Lleaun n Capter

Shawn M. Carter

Environmental Manager

Enclosure



UNDERGROUND STORAGE TANK Tightness Testing Checklist

1. UST SYSTEM OWNER AND LOCATION

UST Owner/Operator:

Owners Address:



ノグろわ

The purpose of this form is to certify the proper tightness testing of underground storage tank (UST) systems including connected underground piping. Tightness testing shall be conducted in accordance with Chapter 173-360 WAC.

This Tightness Testing Checklist shall be completed and signed by a Licensed Tightness Testing Supervisor. The supervisor shall be on site when all tank tightness testing activities are being conducted. The firm which employs the licensed supervisor shall also be licensed by the Washington State Department of Ecology as a Service Provider.

A separate checklist must be completed for each UST system (tank and associated piping) tightness tested, except that separate UST systems tightness tested at one site may be reported together by photcopying page 2 and 3 of this form and completing these pages separately for each UST system. The completed checklist should be mailed to the following address within 30 days of completion of tightness testing:

Underground Storage Tank Section Department of Ecology Mail Stop PV-11 Olympia, WA 98504-8711

For further information about completing this form, please contact the Department of Ecology UST Section.

The tank owner or operator must report a failed tightness test as a suspected release to UST staff at the appropriate Ecology regional office within 24 hours.

Lone Star NW INC

5975 E. Marginal S

	Seattle)	VA-	é.o. Box 9277
' ,	City	State	Zip+4 (required)
Telephone:	206)764-310	7	
Site ID Number (on invoice or a	/ vailable from Ecology if tank is regi	stered): <u>00</u>	
Site/Business Name:	Lone Stav 1	VW INC.	
Site Address:	5975 & Ma	ugenal Way	S.
	Stroet Seattle). W	A 98111	County
	City	State	Zip+4 (required)
2. TIGHTNESS TESTING	PERFORMED BY:		
Firm:	PACIFIC NORTHERN ENV	TRONMENTAL	
Service Provider License Num	per:S000153	·	
Address:	1081 COLUMBIA BLVD.		
	Street LONGVIEW, WA.	98632	P.O. Box
	City	State	Zip (a tredumed)
Telephone:	(206) 423–2245	JAN 3	1 1902 11111
Ucensed Supervisor:	- Day Linely	ECOL	
Supervisor License Number:	82323		UGY /
ECY 010-159 (12/91)			page 1 of

3. TANK	AND TESTING INFU	RIVATION		李泽州 [李]		
1. Tank ID I	Number (as registered wit	h Ecology):/	2. Date installed:			
3. Tank cap	pacity in gallons:	101	4. Date of tightness test:	1396		
5. Last sub:	stance stored:	Dresil	6. Is tank compartmentalized?	_ <i>N</i>		
7.Tank is:	single wall	double wall	· :			
	/ for conducting tightness te					
+		tection requirements in	•			
	Tank or piping repair	osed tank back into sen	vice			
9. Type of t	Other (describe)		10. Test method type:		<u> </u>	
	Tank tightness test only	<i>t</i>	Overfill	s.		•
	Une tightness test only		Underfill volumetric			
•	Tank and lines tested s	eparately	Nonvolumetric			
	ss testing method(s) used		one method was used - see note follow	ving item 12):		
Test me	ethod manufacturer					
	k tightness test was condi Volume that was filled with					
	overfill prevention device i underfill volumetric testing	s not installed, a tank m methods are used, the le tank above the produ	el limited by the overfill prevention denust be tested up to the 95% full level. tank must be: 1) filled with product to tevel must be tested using a nonvotightness testing.	When the 95% full		
	e the method used to dete t above the bottom of the)	•	 -
4. CHEC	KLIST	Sala springer	more and the second			
The following	ng items shall he initialed	by the licensed supervi	isor whose signature appears below.	Yes	10	NA*
specified 0.10 gallo alarm of	In the UST rules for the con per hour leak rate with no more than 5%)	onditions under which ti probability of detection	to meet the performance standard he test was conducted? (e.g., detection of at least 95% and a probability of fal	ng a		
Note: A standard	copy of Ecology's policy fo is may be obtained by cont	or demonstrating that le tacting Ecology's UST s	ak delection methods meet performan section in Olympia.	nce		
					paq	

2. Have all written testing procedule eloped by the manufacturer of the testing ment and method been followed while the test was being set up and conducted?	aw			*
3. Was the product level in the tank during the test within the limitations stated in the evaluation results used to demonstrate that the tightness test method meets performance standards?				Ī
4. Was the waiting period between the addition of product to the tank and the beginning of the test at or above the minimum waiting period stated in the evaluation results?				
5. If groundwater was present above the bottom of the tank, have the testing procedures accounted for its presence? (for single wall tanks)				
 Have any loose fittings at the top of the tank been either tightened prior to beginning the test or accounted for when conducting the test and evaluating test results? (Applies to overfill methods only) 			كيب	
Exception: Interstitial space fitting on double wall tank should remain loose during test for interstitial space to vent to atmosphere.				
7. Have all vapor pockets either been removed prior to beginning the test or otherwise accounted for when conducting the test and evaluating test results?				
8. Based on evaluating test results and conducting any retesting as necessary to obtain conclusive test results, the tightness test is: X Passed Failed				
Note: inconclusive test results will not be considered as a valid tightness test for purposes of complying with UST release detection regulations.				
9. If the tightness test is considered a failed test, has the owner/operator been notified of the test results?				
Note: The tank owner or operator must report a failed tightness test as a suspected release to UST staff at the appropriate Ecology regional office within 24 hours of being notified by the testing firm that a failed tightness test has occurred.				
10. If a failed test has occurred, results indicate that there is a leak in the: Tank Piping System				
If known, the leak rate is: gallons per hour				
*Item not applicable .				
I hereby certify that I have been the licensed supervisor present during the above listed tightnes activities and to the best of my knowledge they have been conducted in compliance with all appliance and federal laws, regulations and procedures pertaining to underground storage tanks.	s testin licable	g state		
Persons submitting false information are subject to penalties under Chapter 173-360 WAC.				
Date Signature of Licensed Supervisor				_
5. ADDITIONAL REQUIRED SIGNATURES	··· i ··	1		
1/22/96 Etheriand for Pacific Northern	Er	WiR	on	me
Date Signature of Licensed Service Provider Ifm (owner or person with) signature authorized				
Date Signature of Tank Owner or Authorized Representative				

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page 3 of 3

• ac	iditional	tanka you may photoc	opy this form prior to	completing.	manaciated hibitif				
3.3	TANK	AND TESTING IN	FORWATION						िल्ह
1.	Tank IC) Number (as registered	with Ecology):	2 0	ate installed:	·			
з.	Tank ca	apacity in gallons:	6K	4. Da	ate of tightness test:	1396	<u> </u>		
additional tanks you may photocopy this form prior to complaing. Q. TANK ANDTESTINGINFORMATION 1. Tank ID Number (as registered with Ecology): 2. Date installed: 3. Tank capacity in gallons: 6. Date of tightness test: 396 5. Last substance stored: 7. Tank la: 6. Is tank compartmentalized? 7. Tank la: 9. Single well double wall 8. Reason for conducting tightness test: 7. To comply with leak detection requirements in UST rules To bring temporarily closed tank back into service 7. Tank or piping repair 7. Tank or piping repair 8. Tank or piping repair 8. Tank or piping repair 9. Tank dightness test only 9. Type of test conducted: 10. Test method type: 9. Type of test conducted: 10. Test method type: 11. Tightness test only 9. Underfill volumetric 11. Tightness testing method (s) used (indicate if more than one method was used - see note following item 12): 12. If a tank lightness test was conducted, indicate the percentage of tank volume that was filled with product during the test: 12. If a tank lightness test was conducted, indicate the percentage of tank volume that was filled with product during the test: 12. If a tank lightness test was conducted, indicate the percentage of tank volume that was filled with product during the test: 12. If a tank lightness test was conducted, indicate the percentage of tank volume that was filled with product during the test: 12. If a tank lightness testing method are used, that tank must be tested using a nonvolumetric level of tank volume that was filled with product during the test: 12. If a tank lightness testing method of the tank during that test (for single wall tanks): 16. Illed with product to the 55% full level of 2 fine portion of the tank during that test (for single wall tanks): 16. Illed with product to the 55% full level of 2 fine portion of the tank during that test (for single wall tanks): 17. Illed with product to the 55% full level of 2 fine wall of the conditions under which the sets testing a nonvolumetric space filed in the UST rules for the condition									
7.	Tank is:	single wall	double wall		1				
8.	Reasor	for conducting tightness	s test:						
	4	_ To comply with leak	detection requirements	s in UST rules					
		_ To bring temporarily	closed tank back into	service					
		_ Tank or piping repai	r						
		Other (describe)							
9.	Type of	test conducted:		10. Test n	nethod type:				
		_ Tank tightness test o	only		Overfill	*			•
		_ Une tightness test o	nly		Underfill volume	tric			
·		Tank and lines teste	d separately		Nonvolumetric				
	<u> V</u>	Total system test (ta	nk and lines tested tog	ether)	•				
11	. Tightn	ess testing method(s) us	sed (indicate if more tha	in one method v	vas used - see note	following ite	ım 12):		
	Test m	nethod name/version	1 racei	•	·.	· .			_
	Test n	nethod manufacturer	<u> </u>						
1. Tank ID Number (as registered with Ecology): 3. Tank capacity in gallons:			35						
	·	overfill prevention device underfill volumetric test level or 2) the portion of	e is not installed, a tan ing methods are used, f the tank above the pro	k must be tested the tank must be aduct level must	d <i>up to the 95% full</i> e: 1) filled with proc be tested using a n	level. When luct to the 9:	5% full		
13	3. Indica prese	ate the method used to d nt above the bottom of th	stermine if groundwate tank during the test	r was (for single wall t	anks): Mu	V			 -
. 4:	CHE	KUST		2.27 (本語) 第10		the street it is a	ere e i de la	1 1 2 2	
2.00			in Talk any managan pakasa	e san e se se se se se se				15 66	201
Th	e follow	ing items shall be initial	ed by the licensed supe	rvisor whose si	gnature appears beli	Ow.			
		 					Yes	10 1	NA*
1.	specifie 0.10 gai	d in the UST rules for the lion per hour leak rate wi	conditions under which	h the test was c	onducted? (e.g., de	lecting a	Cw	· .	
	Note: A	Copy of Ecology's policy	of or demonstrating that ontacting Ecology's US	t leak detection T section in Oly	methods meet perio mpia.	rmance			•
L									

1



Tightness Testing Checklist

1: UST SYSTEM OWNER AND LOCATION





APR 1 7 1995

The purpose of this form is to certify the proper tightness testing of underground storage tank (UST) systems including connected underground piping. Tightness testing shall be conducted in accordance with Chapter 173-360 WAC.

This Tightness Testing Checklist shall be completed and signed by a Licensed Tightness Testing Supervisor. The supervisor shall be on site when all tank tightness testing activities are being conducted. The firm which employs the licensed supervisor shall also be licensed by the Washington State Department of Ecology as a Service Provider.

A separate checklist must be completed for each UST system. Separate UST systems tightness tested at one site may be reported together by photopying page 2 and 5 completing these pages separately for each UST system. The completed checklist should be mailed toffine following completing and days of completion of tightness testing:

| Indecomposition of the completion of tightness testing: | Indecomposition of the completed checklist should be mailed toffine following | Indecomposition of tightness testing: | Indecomposition of the completion of tightness testing: | Indecomposition of the completed checklist should be mailed toffine following | Indecomposition of tightness testing: | Indecomposition of tightness testin

Department of Ecology Mail Stop PV-11

Olympia, WA 98504-8711 $O_{EPI,OF}$ Of $O_{EPI,OF}$ Of further information about completing this form, please contact the Department of Ecology UST Section.

The tank owner or operator must report a failed tightness test as a suspected release to UST staff at the appropriate Ecology regional office within 24 hours.

UST Owner/Operator:	LONE Star NW Inc	······································
Owners Address:	5975 & Marginal S	1730
	Street	98 (1)
<i>;</i>	City State	Zip+4 (required)
Telephone:	(206) 764-3107	·
Site ID Number (on invoice	or available from Ecology if tank is registered):	
Site/Business Name:	Lone Star NW Inc.	
Site Address:	5975 & Marginel Ways	
	Street WA	98J)
	City State	ZIp+4 (required)
2_TIGHTNESS TEST	INGPERFORMED BY:	·
Firm:	PACIFIC NORTHERN ENVIRONMENTAL	
Service Provider Ucense N	lumber: S000153	
Address:	1081 COLUMBIA Blvd	
,	Street	P.O. Ecx
	Longivew, WA. 98632	Zip+4 (геспигеа)
	City State	ZIP++ (reduired)
Telephone:	206-423-2245	
Licensed Supervisor:	Gang Wall	
Supervisor Ucense Numbe	er: <u>W601682</u>	
ECY 010-159 (12/91)		page 1 of

3. TANK AND TESTING INFORMATION	
1. Tank ID Number (as registered with Ecology):	2. Date installed:
3. Tank capacity in gallons:	4. Date of tightness test: 12-2054
5. Last substance stored:UNL	6. Is tank compartmentalized?
7.Tank is: single wall double wall	
8. Reason for conducting tightness test:	•
	Trules
To bring temporarily closed tank back into service	
Tank or piping repair	,
Other (describe)	
9. Type of test conducted:	10. Test method type;
Tank tightness test only	Overfill
Line tightness test only	Underfill volumetric
Tank and lines tested separately	Nonvolumetric
Total system test (tank and lines tested together)	•
Test method name/version TRACER TIGHT Test method manufacturer TRACER RESEARCH	
12. If a tank tightness test was conducted, indicate the percent of tank volume that was filled with product during the test:	
Note: A tank must be tested up to the product level overfill prevention device is not installed, a tank must underfill volumetric testing methods are used, the talevel or 2) the portion of the tank above the product method which meets performance standards, for tig	it be tested <i>up to the 95% full level.</i> When nk must be: 1) filled with product to the 95% full level must be tested using a nonvolumetric
13. Indicate the method used to determine if groundwater was present above the bottom of the tank during the test (for significant forms).	
4. CHECKLIST	
The following items shall be initialed by the licensed supervisor	• ,,
	Yes No
 Has the tightness testing method used been demonstrated to specified in the UST rules for the conditions under which the 0.10 gallon per hour leak rate with probability of detection of alarm of no more than 5%) 	test was conducted? (e.g., detecting a at least 95% and a probability of false
Note: A copy of Ecology's policy for demonstrating that leak standards may be obtained by contacting Ecology's UST sec	detection methods meet performance

3. TANK AND TESTING INFORMATION		the second second
Tank ID Number (as registered with Ecology):	2. Date installed:	1
3. Tank capacity in gallons:	4. Date of tightness test:	122094
5. Last substance stored: Ore SF (N. W.	
7. Tank is: single wall double wall		
8. Reason for conducting tightness test:		•
To comply with leak detection requirements in US	T rules	1
To bring temporarily closed tank back into service		
Tank or piping repair		·
Other (describe)		
9. Type of test conducted:	0. Test method type;	
Tank tightness test only	Overfill	
Line tightness test only	Underfill volumetric	机 预数
Tank and lines tested separately	Nonvolumetric	: Æi
	·	
Test method name/version TRACER TIGHT Test method manufacturer TRACER RESEARCH		
12. If a tank tightness test was conducted, indicate the percents of tank volume that was filled with product during the test:		•
Note: A tank must be tested up to the product level li overfill prevention device is not installed, a tank must underfill volumetric testing methods are used, the tart level or 2) the portion of the tank above the product I method which meets performance standards, for tighter the product is the product of the tank above the product is method which meets performance standards.	t be tested <i>up to the 95% full leve</i> nk must be: 1) filled with product evel must be tested using a nonv	I. When to the 95% full
13. Indicate the method used to determine if groundwater was present above the bottom of the tank during the test (for sin	ngle wall tanks): VARIABLE I	ROBE
4. CHECKLIST	•	
The following items shall be initialed by the licensed supervisor	r whose signature appears below.	
		'AN ON eeY
1. Has the tightness testing method used been demonstrated to specified in the UST rules for the conditions under which the 0.10 gallon per hour leak rate with probability of detection of a alarm of no more than 5%)	test was conducted? (e.g., detec	
Note: A copy of Ecology's policy for demonstrating that leak standards may be obtained by contacting Ecology's UST sec	detection methods meet performation in Olympia.	ance Civi

i !

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		es_	No	NA*
Have all written testing procedures developed by the manufacturer of the testing equipment and method been followed while the test was being set up and conducted?	(ا نهر,		
3. Was the product level in the tank during the test within the limitations stated in the evaluation results used to demonstrate that the tightness test method meets performance standards?		(س)		
4. Was the waiting period between the addition of product to the tank and the beginning of the test at d above the minimum waiting period stated in the evaluation results?	rij.	(بهم		
5. If groundwater was present above the bottom of the tank, have the testing procedures accounted to its presence? (for single wall tanks)	r	المنر)		
6. Have any loose fittings at the top of the tank been either tightened prior to beginning the test or accounted for when conducting the test and evaluating test results? (Applies to overfill methods only)	7.1			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Exception: Interstitial space fitting on double wall tank should remain loose during test for interstitial space to vent to atmosphere.	<u>'</u>			
7. Have all vapor pockets either been removed prior to beginning the test or otherwise accounted for when conducting the test and evaluating test results?				Cry
8. Based on evaluating test results and conducting any retesting as necessary to obtain conclusive test results, the tightness test is:	şt .	er.		
Passed Failed				
Note: Inconclusive test results will not be considered as a vaild tightness test for purposes complying with UST release detection regulations.	of F	3		
9. If the tightness test is considered a failed test, has the owner/operator been notified of the test results?	,			
Note: The tank owner or operator must report a failed tightness test as a suspected release to US's staff at the appropriate Ecology regional office within 24 hours of being notified by the testing firm that a failed tightness test has occurred.	г ·.			
10. If a failed test has occurred, results indicate that there is a leak in the: Tank Piping System				
If known, the leak rate is: gallons per hour	.·			
*Item not applicable				
I hereby certify that I have been the licensed supervisor present during the above listed tightn activities and to the best of my knowledge they have been conducted in compliance with all apand federal laws, regulations and procedures pertaining to underground storage tanks.				!
Persons submitting false information are subject to penalties under Chapter 173-360 WAC. Bay Lubly				
Date Signature of Licensed Supervisor/				
5. ADDITIONAL REQUIRED SIGNATURES	14		'	
134195 Km Horough John PNE Signature of Licensed Bervice Provider film (owner or person with algunature authority)	· ·			
A114195 Suaux M Cautur Date Signature of Tank Owner or Authorized Depresentative	<u></u>			
FCY 010-169 (12/91)				



UNDERGROUND TORAGE TANK Tightness Testing Checklist

1: USI SYSTEM OWNER AND LOCATION



The purpose of this form is to certify the proper tightness testing of underground storage tank (UST) systems including connected underground piping. Tightness testing shall be conducted in accordance with Chapter 173-360 WAC.

This Tightness Testing Checklist shall be completed and signed by a Licensed Tightness Testing Supervisor. The supervisor shall be on site when all tank tightness testing activities are being conducted. The firm which employs the licensed supervisor shall also be licensed by the Washington State Department of Ecology as a Service Provider.

A separate checklist must be completed for each UST system (tank and associated piping) tightness tested, except that separate UST systems tightness tested at one site may be reported together by photopying page 2 and 3 of this form and completing these pages separately for each UST system. The completed checklist should be mailed to the following address within 30 days of completion of tightness testing:

Underground Storage Tank Section Department of Ecology Mail Stop PV-11 Olympia, WA 98504-8711

For further information about completing this form, please contact the Department of Ecology UST Section.

The tank owner or operator must report a failed tightness test as a suspected release to UST staff at the appropriate Ecology regional office within 24 hours.

UST Owner/Operator:	LONE STAR	Northwest	INC
Owners Address:	<u> P.O. Box 17</u>	13 <i>0</i>	
	SEATTLE,	WA 9811	P.O. Box
Telephone:	206) 764-	3107	Zip+4 (required)
Site ID Number (on invoice o	r available from Ecology if tank is regis	tered): <u>/0/259</u>	
Site/Business Name:	Lone Star	- N W	
Site Address:	Jaaa Ros	S AVE NE	
	Street Marina Ville	WA 9822	County
		1 -	7-14/
	City (/ State	Zip+4 (required)
2 TIGHTNESS TESTIN	GPERFORMEDIBY:	State	Zip+4 (required)
2_TIGHTNESS_TESTIN	•		Zp+4 (required)
•	GPERFORMEDIBY: PACIFIC NORTHERN ENVIRONS		Zp+4 (required)
Firm:	GPERFORMEDIBY: PACIFIC NORTHERN ENVIRONS		Zp+4 (required)
Firm: Service Provider License Nun	PACIFIC NORTHERN ENVIRONMENT: S000153 1081 COLUMBIA Blvd Street		P.O. Eax
Firm: Service Provider License Nun	PACTETC NORTHERN ENVIRONMENT: S000153		
Firm: Service Provider License Nun	PACIFIC NORTHERN ENVIRONS Ther: S000153 1081 COLUMBIA Blvd Street Longivew, WA. 98632	MENTAL.	P.O. Eax
Firm: Service Provider License Nun Address:	PACTETC NORTHERN ENVIRONMENT SOURCES SOURCES SOURCES SOURCES Blvd Street Longivew, WA. 98632	MENTAL.	P.O. Eax

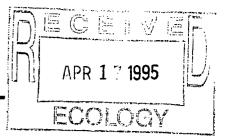
m cartur

Signature of Tank Owner or Authorized Representative

3 TANK AND TESTING INCORMATION					
3. TANK AND TESTING INFORMATION	ŕ				
Tank ID Number (as registered with Ecology):	101)	2. Date installed:	wir		-
3. Tank capacity in gallons:	lox	4. Date of tightness test:	122094		
5. Last substance stored:	Diesil	6. Is tank compartmentalized	7 <u> W</u>		
7. Tank is: single wall double	wall				
8. Reason for conducting tightness test:					
To comply with leak detection require	ments in US	T rules	.!		
To bring temporarily closed tank back	into service				
Tank or piping repair					
Other (describe)	···				
9. Type of test conducted:	1	0. Test method type:			
Tank tightness test only		Overfill	n di		
Line lightness test only		Underfill volumetric	***		
Tank and lines tested separately		Nonvolumetric	: #1		
Total system test (tank and lines test	ed together)	,	i.		
11. Tightness testing method(s) used (indicate if mo	ore than one	method was used - see note follo	owing item 12):		
Test method name/version TRACER TIGH		-			
Test method manufacturerTRACER_RESE.					
I dest memor manufactures TRACER RESE	AKUII				
12. If a tank tightness test was conducted, indicate of tank volume that was filled with product during					
Note: A tank must be tested up to the provention device is not installed underfill volumetric testing methods are level or 2) the portion of the tank above method which meets performance stand	, a tank musl used, the tar the product l	be tested <i>up to the 95% full leve</i> ik must be: 1) filled with product evel must be tested using a nonv	ol. When to the 95% ful	1	
13. Indicate the method used to determine if groun present above the bottom of the tank during the		gle wall tanks):VARIABLE	PROBE		
4. CHECKLIST					
The following items shall be initialed by the license	ed supervisor	whose signature appears below	•		
, no manage regiment to mindred by the mindred		without of the appearance the total of the t		s No	NA*
1. Has the tightness testing method used been den specified in the UST rules for the conditions under 0.10 gallon per hour leak rate with probability of alarm of no more than 5%) Note: A copy of Ecology's policy for demonstrate standards may be obtained by contacting Ecology.	er which the t detection of a ling that leak	lest was conducted? (e.g., detected to the set least 95% and a probability of the set perform the set performs	ting a laise	J	
	 				بب

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5975 E. MARGINAL WAY SOUTH P.O. BOX 1730 SEATTLE, WASHINGTON 98111 (206) 764-3000

April 14, 1995

Underground Storage Tank Section Department of Ecology Mail Stop PV-11 Olympia, WA 98504-8711

RE: Tank Tightness Tests

To Whom It May Concern:

It has come to my attention in reviewing our underground storage tank files that the three enclosed tightness tests were not been submitted to the Department of Ecology. I apologize for the oversight and appreciate your cooperation in updating the UST files for these three tanks. Please contact me if you have any questions.

Sincerely,

Shaun m. Carter

Shawn M. Carter

Enclosures



UNDERGROU STORAGE TANK Tightness Testing Checklist



The purpose of this form is to connected ung	. and if the amount in hir	nece tection of underorr	nund storage tank (U	ST) systems including 3-360 WAC.
This Tightnes sor shall be or supervisor shall	TTLE, WASH	treasur wa	y South	pervisor. The supervi- mploys the licensed ider.
separate UST completing th	O TANKS	INCTON 48	134	itested, except that and 3 of this form and it to the following
	10 K DIE			
For further in	6 K CA	ROLINE		Section.
The tank ow Ecology regi				at the appropriate
1. UST SYSTEM OWN	ER AND LOCATION			
UST Owner/Operator:	Lone Si	tar N.W.		
Owners Address:	P.O Box	(1730; 5	975 EM	arginal Ways
	Street		98.111	P.O. Box
Telephone:	City 206) 764-3	107	Zip+4 (required)
Site ID Number (on invoice or	available from Ecology i	f tank is registered):	0022	//
Site/Business Name:		ne-	<u></u>	
Site Address:	<u> </u>			
	Street	÷		County
	City	State		Zip+4 (required)
2. TIGHTNESS TESTIN	IG PERFORMED BY	/ :		
Firm:	PACIFIC NORTHER	N ENVIRONMENTAL		
Service Provider License Nun	nber:S000153			
Address:	1081 COLUMBIA B Street Longivew, WA.	98632		P.O. Box
	City	State	<u> </u>	ZIp+4 (required)
Telephone:	206-423-2245	5		
Licensed Supervisor:	- John	Levally.		:
Supervisor License Number:	money	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		

Signature of Tank Owner or Authorized Hepresentative

Date

3. TANK AND TESTING INFORMATION		
Tank ID Number (as registered with Ecology):	2. Date installed:	17
3. Tank capacity in gailons:	4. Date of tightness test:	. 122193
5. Last substance stored:		NO
7. Tank is: Y' single wall double wall		
8. Reason for conducting tightness test:	•	•
To comply with leak detection requirements in UST	· miles	1
To bring temporarily closed tank back into service		•
Tank or piping repair		•
Other (describe)		
•1	D. Test method type:	
Tank tightness test only	Overfill	
Une tightness test only	Undertill volumetric	
Tank and lines tested separately	X `Nonvolumetric	و و ينجع ن
Total system test (tank and lines tested together)		•
11. Tightness testing method(s) used (indicate if more than one r	method was used - see note follo	wing item 12):
Test method name/version TRACER TIGHT	•	· · · · · · · · · · · · · · · · · · ·
Test method manufacturerTRACER_RESEARCH		
12. If a tank tightness test was conducted, indicate the percenta of tank volume that was filled with product during the test:	go 50	
Note: A tank must be tested up to the product level lir overfill prevention device is not installed, a tank must underfill volumetric testing methods are used, the tan level or 2) the portion of the tank above the product is method which meets performance standards, for tight	be tested <i>up to the 95% full leve</i> , k must be: 1) filled with product wel must be tested using a nonv	t When so tull
13. Indicate the method used to determine if groundwater was present above the bottom of the tank during the test (for single-	gie waii tanks):	ROBE
4. CHECKLIST	•	
The following items shall be initialed by the ficensed supervisor	whose signature appears below.	Yes No 1
Nas the tightness testing method used been demonstrated to	meet the performance standard	Tes No - P
specified in the UST rules for the conditions under which the t 0.10 gallon per hour leak rate with probability of detection of a sterm of no more than 5%)	est was conducted? (e.g., detec	
Note: A copy of Ecology's policy for demonstrating that leak a standards may be obtained by contacting Ecology's UST sect		ance
<u> </u>		

2. Have all written testing procedures of sloped by the manufacturer of the testing exapment and method been followed while the test was being set up and conducted?			
•	an		
3. Was the product level in the tank during the test within the limitations stated in the evaluation results used to demonstrate that the tightness test method meets performance standards?	tw		
4. Was the waiting period between the addition of product to the tank and the beginning of the test at or above the minimum waiting period stated in the evaluation results?	is Cur		
5. If groundwater was present above the bottom of the tank, have the testing procedures accounted for its presence? (for single wall tanks)	Cu		
anly)			_
Exception: Interstitial space fitting on double wall tank should remain loose during test for interstitial space to vent to atmosphere.		C	m
7. Have all vapor pockets either been removed prior to beginning the test or otherwise accounted for when conducting the test and evaluating test results?		l	lu
8. Based on evaluating test results and conducting any retesting as necessary to obtain conclusive test results, the tightness test is:			
Passed Failed Note: Inconclusive test results will not be considered as a valid tightness test for purposes of complying with UST release detection regulations.	i.		
9. If the tightness test is considered a falled test, has the owner/operator been notified of the test results?			
Note: The tank owner or operator must report a failed tightness test as a suspected release to UST staff at the appropriate Ecology regional office within 24 hours of being notified by the testing firm that a failed tightness test has occurred.	٠.		
10. If a failed test has occurred, results indicate that there is a leak in the: Piping System If known, the leak rate is: gallons per hour			
*Item not applicable			
I hereby certify that I have been the licensed supervisor present during the above listed tightnet activities and to the best of my knowledge they have been conducted in compliance with all appeared federal laws, regulations and procedures pertaining to underground storage tanks. Persons submitting false information are subject to penalties under Chapter 173-360 WAC.			
I hereby certify that I have been the licensed supervisor present during the above listed tightnet activities and to the best of my knowledge they have been conducted in compliance with all apparent federal laws, regulations and procedures pertaining to underground storage tanks.			
I hereby certify that I have been the licensed supervisor present during the above listed tightness activities and to the best of my knowledge they have been conducted in compliance with all appeared federal laws, regulations and procedures pertaining to underground storage tanks. Persons submitting false information are subject to penalties under Chapter 173-360 WAC. [126]			
I hereby certify that I have been the licensed supervisor present during the above listed tightness and to the best of my knowledge they have been conducted in compliance with all appeared federal laws, regulations and procedures pertaining to underground storage tanks. Persons submitting false information are subject to penalties under Chapter 173-360 WAC. (22(9) Signature of Ucanaed Superfect			

Yes No NA.

3. TANK AND TESTING INFOR	NATION .			
1. Tank ID Number (as registered with E	icology):Z	2. Date installed:	て, '	
3. Tank capacity in gallons:	<u> </u>	4. Date of tightness test: _	. 122193	
i. Last substance stored: U_{ℓ}	VL	6. Is tank compartmentalize	d? WO	
7.Tenk is: X ! single wall	double wail			
l. Reason for conducting tightness test:				
To comply with leak detec			`.	
			:	
To bripg temporarily close Tank or piping repair	d lank dack into servic	8		
Other (describe)				
. Type of test conducted:				
<u>.</u>	:	10. Test method type:		
Tank tightness test only		Overfill	# Air	
Une tightness test only Tank and lines tested sepa		Undertill volumetric		
V		Nonvolumetric		
Total system test (tank an	d lines tested together)	•	
Test method manufacturerTRAC	ER RESEARCH			
2. If a tank tightness test was conducted of tank volume that was filled with p	ed, indicate the percen roduct during the test:	stage 40	:	
underfill volumetric testing me	ot installed, a tank muethods are used, the talenk above the product lance standards, for tig		vel. When at 10 the 95% full avolumetric	(a) A
. *	r coming me test (for s	ingle well tanks):		
. CHECKLIST	·			
he following items shall be initialed by	the licensed superviso	or whose signature appears below		No [‡]
. Has the tightness testing method used specified in the UST rules for the cond	d been demonstrated t	o meet the performance standard	d Gu	140
0.10 gailon per hour leak rate with pro alarm of no more than 5%)	bability of detection of	at least 95% and a probability of	false	
Note: A copy of Ecology's policy for a standards may be obtained by contact	lemonstrating that leak ting Ecology's UST se	c detection methods meet perform ction in Olympia.	nance	
n pot applicable				



UNDERGROUD STORAGE TANK Tightness Testing Checklist

K6B/36/NW

The purpose of this form is to certify the proper tightness testing of underground storage tank (UST) systems including connecting underground piping. Tightness testing shall be conducted in accordance with Chapter 173.360 WAC.

This Tightness Testing Checklist shall be completed and signed by a Licensed Tightness Testing Supervisor. The supervisor shall be on site when all tank tightness testing activities are being conducted. The firm which employs the licensed supervisor shall also be licensed by the Washington State Department of Ecology as a Service Provider.

Underground storage tank rules require owners/operators to employ a licensed tank services provider to repair, replace, upgrade, or close the UST system and to begin corrective action in accordance with WAC 173-360-399 if the test results indicate that a leak exists.

For further information about completing this form, please contact the Department of Ecology UST Program.

A separate checklist must be completed for each UST system (tank and associated piping) tightness tested, except that separate UST systems tightness tested at one site may be reported together by completing page 2 of this form separately for each system. The complete the state of the following address within 30 days of completion of tightness testing:

JAN 17 1992

Underground Storage Tank Section
Department of Ecology
Mail Stop PV-11
Olympia, WA 98504-8711

. UST SYSTEM OW	NER AND LOCATION	
IST Owner/Operator:	LONESTAR N.W. INC.	
Owners Address:	P.o. Box 1730	-
	Stattle Wa. 98/11	ZIP Code
elephone:		34
Sit e ID N umber (on invoi Site/ Business Name:	ice or available from Ecology if lank is registered): 002	211
		<i>'</i>
Sile Address:	5978 E. MAKGINAL WAY DOW	MA King
Sile Address:	SENTILES WAY SOUTH	98134 ZIP-Code
	SYTS E MARCONAL WAY Sour	98134 ZIP-Code
	SENTILE! WA. City State TING PERFORMED BY:	98134 2IP-Code License Number: _Saga153_
2. TIGHTNESS TES	Pacific Northern Environmental dba Petroleum Services Unlimited 1081 Columbia Boulevard	98134 ZIP-Code
2. TIGHTNESS TES Fkm:	Pacific Northern Environmental dba Petroleum Bervices Unlimited 1081 Columbia Boulevard Longview, Washington 98632	98134 ZIP-Code License Number: _Soco153_
2. TIGHTNESS TES Fkm:	Pacific Northern Environmental dba Petroleum Services Unlimited 1081 Columbia Boulevard	198134 ZIP Code License Number: _Soco153

						
3. TANK AND TESTING INFORMATION			13 18 11 16	- April		\$15
41. Sank ID Number (as registered w cology):	4	2. ()ate alled;		70		
3. Tank capacily in gallons: 1000		4. Last substance	stored: 4	w		<u>.</u>
5. Neeson for conducting lightness test:	System tost to hiv Other (describe)	nk delection requirem estigate suspected re	lease	8 3		
6. Date lightness test was conducted: 12/	nn	- 				•
7. Type of lest conducted: Tank lightness test	ا الم	.lna tighinasa test 🛭 🗖]			
8. Tightness testing method used:				•		
Test method name: LEAK Co	mputer					
Test method manufacturer:	1110.	SAN DIEGO				· · · · · · · · · · · · · · · · · · ·
Volumetric X Non-volumetric						
If a non-volumetric method was used indicational filled during test relative to capacity	le approximate perc	enlage lank was 	· · · · · · · · · · · · · · · · · · ·	<u>6</u>		
4. CHECKLIST					• • •	
The following items shall be initiated by the i				Yes	No	NA'
1. Does the tightness testing method used meet the detecting at least a 0,10 gallon per hour leak rate billy of false elarm of no more than 5%)?	portormance stand with probability of d	lard specified in the U detection of at least 95	IST rules (a.g., i% and proba-	2		
2. Has the tightness testing mothod used been der meet the above performance standard using EP. tion methods?	nonstrated by the m A's standard lest pro	anufacturer of the les ocedures for evaluatin	ling method to g leak detec-	Z		
3. Have all testing procedures recommended by the white the test was being set up and conducted?	e manufacturer of II	ne lesting method bee	n followed	95		
4. Do the lest results indicate that a leak exists in el	ther the lank or pipi	ig system?				
# "yes" test results indicate that the leak is locate # known, indicate leak rate:	d in the: . Tank	Piping system			R	
5. When No. 4 is checked 'yes' has the owner/ope	rator been notifed o	f the test results?	 	 	<u> </u>	
NOTE: Underground storage took rules require owner ment of Ecology or delegated agency within 24 hours.	sloparators to report a	all suspected releases to	othe Depart-	,		K
*Nem not applicable				•		
I hereby certify that I have been the licensed super best of my knowledge they have been conducted in durs pertaining to underground storage ranks.	n compliance with a	ill applicable state a	nd federal laws	esting acti , regulatio	vities and p	d to th proce-
Persons submitting false information are subject	to penalties under C	Chapter 173.360 WA	C.			•
12/11/9/ Dut 51	gnature of Ucensed Supervision	word				
5. ADDITIONAL REQUIRED SIGNATURES	· · · · · · · · · · · · · · · · · · ·	<i>V</i>		· · · · · · · · · · · · · · · · · · ·		
1/13/92 Date St	Beet the degrature of the sensed Sphiles	Provider (flum) Owner or Author	zed Nepresentative			
Bata Sig	gnatura of Fauk Owner or Au	thoused flagressistative				

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Yes	No	NA.
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sting acti regulatio	vities and p	d to the
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· <u></u>		
		····
	Yes YC TC ;	Yes No

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